

CW-1 Application for Temporary Employment Certification
 Form ETA-9142C
 U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Nature of CW-1 Application

| | | |
|---|---|---|
| 1. Type of Application (<i>choose only one</i>) * | <input type="checkbox"/> New employment | <input type="checkbox"/> Renewal of approved employment |
| 2. CW-1 Permit Renewal: If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. § | | |
| 3. Long-Term Worker: Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be <u>exempt</u> from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| FOR EMERGENCY SITUATIONS ONLY If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items. | | |
| 6. A statement justifying the employer's emergency situation is attached to this application. § | | <input type="checkbox"/> |
| 7. A completed Form ETA-9141, <i>Application for Prevailing Wage Determination</i> , is attached to this application. § | | <input type="checkbox"/> |

B. Employer Information

| | | |
|--|--|--|
| 1. Legal Business Name * | | |
| 2. Trade Name/Doing Business As (DBA), if applicable § | | |
| 3. Address 1 * | | |
| 4. Address 2 (<i>apartment/suite/floor and number</i>) § | | |
| 5. City * | 6. State * | 7. Postal Code * |
| 8. Country * | 9. Province § | |
| 10. Telephone Number * | 11. Extension § | |
| 12. Federal Employer Identification Number (<i>FEIN from IRS</i>) * | 13. NAICS Code * | |
| 14. Type of Employer (<i>Choose only one</i>) * | <input type="checkbox"/> Individual Employer | <input type="checkbox"/> Job Contractor – Joint Employer |
| FOR JOB CONTRACTORS ONLY If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items. | | |
| 15. A completed Appendix A identifying the employer-client is attached to this application. § | | <input type="checkbox"/> |
| 16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. § | | <input type="checkbox"/> |

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C. Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

| | | | | | |
|---|--|-------------------------|------------------------------|---------------------|------------------|
| 1. Contact's Last (family) Name * | | 2. First (given) Name * | | 3. Middle Name(s) § | |
| 4. Contact's Job Title * | | | | | |
| 5. Address 1 * | | | | | |
| 6. Address 2 (apartment/suite/floor and number) § | | | | | |
| 7. City * | | | 8. State * | | 9. Postal Code * |
| 10. Country * | | | 11. Province § | | |
| 12. Telephone Number * | | 13. Extension § | 14. Business Email Address * | | |

D. Attorney or Agent Information (If applicable)

| | | | | | |
|--|--|-------------------------|--|---------------------|--------------------------|
| 1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked. | | | <input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None | | |
| 2. Attorney or Agent's Last (family) Name § | | 3. First (given) Name § | | 4. Middle Name(s) § | |
| 5. Address 1 § | | | | | |
| 6. Address 2 (apartment/suite/floor and number) § | | | | | |
| 7. City § | | | 8. State § | | 9. Postal Code § |
| 10. Country § | | | 11. Province § | | |
| 12. Telephone Number § | | 13. Extension § | 14. Law Firm/Business Email Address § | | |
| 15. Law Firm/Business Name § | | | 16. Law Firm/Business FEIN § | | |
| FOR ATTORNEY USE ONLY | | | | | |
| If "Attorney" is marked in question D.1, complete questions 17 – 19 below. | | | | | |
| 17. State Bar Number(s) § | | | 18. State of highest state court where attorney is in good standing § | | |
| 19. Name of the highest state court where attorney is in good standing § | | | | | |
| FOR AGENT USE ONLY | | | | | |
| If "Agent" is marked in question D.1, complete question 20 below and include the required attachment. | | | | | |
| 20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. § | | | | | <input type="checkbox"/> |

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E. Job Opportunity Information

a. Occupational Classification and PWD

| | |
|--|---------------------------|
| 1. SOC Occupational Code * | 2. SOC Occupation Title * |
| 3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. * | |

b. Job Offer and Minimum Requirements

| | | | | | | | | |
|---|-----------------------|--------------------------------------|----------------|---|--------------|----------------------|---------------------------|---|
| 1. Job Title * | | | | | | | | |
| 2. Workers Needed * | | Period of Intended Employment | | | | | | |
| | | 3. Begin Date: * | 4. End Date: * | | | | | |
| 5. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> | | | | | | | | |
| 6. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> * | | | | | | | 7. Hourly work schedule * | |
| <input type="text"/> | a. Total Hours | <input type="text"/> | c. Monday | <input type="text"/> | e. Wednesday | <input type="text"/> | g. Friday | a. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="text"/> | b. Sunday | <input type="text"/> | d. Tuesday | <input type="text"/> | f. Thursday | <input type="text"/> | h. Saturday | b. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 8. Education: minimum U.S. diploma/degree required. * | | | | | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.) | | | | | | | | |
| 9. Training: number of <u>months</u> required. * | | | | 10. Work Experience: number of <u>months</u> required. * | | | | |
| 11. Supervision: does this position supervise the work of other employees? * | | | | 11a. If "Yes" to question 11, enter the number of employees worker will supervise.§ | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| 12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * | | | | | | | | |

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c. Place of Employment and Wage Information

| | | |
|--|------------|---|
| 1. Worksite Address * | | |
| 2. Worksite Address § (apartment/suite/floor and number) | | |
| 3. City * | 4. State * | 5. Postal Code * |
| 6. Basic Wage Rate Paid * | | 6a. Overtime Wage Rate Paid § |
| From: \$ _____ . _____ * To: \$ _____ . _____ | | From: \$ _____ . _____ To: \$ _____ . _____ |
| 7. Per (Choose only one) * | | 7a. Additional conditions about the wage rate to be paid. § |
| <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate | | |
| 8. Frequency of Pay. * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify): _____ | | |
| 9. Will work be performed at worksite locations other than the one identified above? * | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. § | | <input type="checkbox"/> |

d. Other Material Terms and Conditions of the Job Offer

| | | |
|---|---|--|
| 1. I have read and agree to provide the following terms and conditions with this job offer as fully explained in the Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. * | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Three-Fourths Guarantee: Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any. ▪ Transportation and Subsistence: If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved. | | |
| 2. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. * | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |
| 3. Overtime Available: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |
| 4. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. * | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |
| 5. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. * | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |
| 6. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. * | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | |
| 7. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * | | |
| | | |

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e. Recruitment Information

| | |
|---|-----------------------------|
| 1. Explain <u>how</u> prospective applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. * | |
| 2. Telephone Number to Apply * | 3. Email Address to Apply * |
| 4. Website address (URL) to Apply * | |

F. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix B will not be certified by the Department.

| | |
|--|---|
| 1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix C and have attached a signed and dated copy of Appendix C with this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Please confirm that the <u>employer-client</u> identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix C and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. * | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

G. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.

| | | |
|--------------------------------------|-----------------------------|---------------------|
| 1. Last (family) Name § | 2. First (given) Name § | 3. Middle Initial § |
| 4. Law Firm/Business FEIN § | 5. Law Firm/Business Name § | |
| 6. Law Firm/Business Email Address § | | |

Public Burden Statement (1205-0534)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**